

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-28-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99362 and 99214.

II. FINDINGS

The respondent denied reimbursement based upon “E –Entitlement (Non-Compensable)”;

however, the insurance carrier did not file a TWCC-21 in accordance with Section 408.027(d) disputing the compensability of treatment; therefore, EOB denial “E” was utilized inappropriately.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-5-02	99362	\$95.00	\$0.00	N, D, E	\$95.00	CPT Code Descriptor	99362 was not a duplicate of service billed on this date; therefore, EOB denial “D” was utilized inappropriately. Documentation does not support team conference; therefore, no reimbursement is recommended.
9-17-02	99214-25	\$71.00	\$0.00	N, D	\$71.00	Evaluation & Management GR (VI)	99214-24 was not a duplicate of service billed on this date; therefore, EOB denial “D” was utilized inappropriately. Documentation does not support level of service billed; therefore, no reimbursement is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s) 99362 and 99214-25.

The above Findings, Decision are hereby issued this 4th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division